

Norridge Police Department

Accident Review Board

Date assigned	Member	Present	Excused	Unexcused
5/1/2003	Sgt.Orlando	x		
7/15/2016	Cpl. Wendt	x		
10/01/16	Off. Smith	x		
5/1/2003	Off. Malicki	x		

Review Date: 04/08/17

M/V Crash 2017-03570

Officer: Off. S. Rosado #20

Squad #509

1.Classification I.

- a.The incident was NON-PREVENTABLE and the employee was not at fault. Caution was apparently excercised.
- b.The employee was legally parked or standing.
- c.The employee was aware of the impending hazard,was alert to the consequences and skillful in minimizing the effect of the hazard.
- d.In incidents the board resolves to be Classification I,no disciplinary action will be taken.

2.Classification II.

- a.The employee failed to exercise reasonable and due care.
- b.The employee deviated inexcusably from Dept. Rules and Regulations,Procedures and/or General Safety Practices.
procedures and/or general safety practices.
- c.In incidents the board resolves to be Classification II,disciplinary action recommended may be:
 - (i) For the very first incident of record for the employee in a rolling 24 month period, a letter of reprimand will be issued and attendance and successful completion of a "Defensive Driving Course may be ordered.Only one letter of reprimand may be issued during the 24 month period in which the incident occurred.
 - (ii)For a second Classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.
 - (iii)For a third Classificaton II finding by the board in a 24 month period,a 3 day suspension without pay shall be imposed.

Recommendation: The board unanimously agreed 2a.



NORRIDGE POLICE DEPARTMENT

Employee Warning Notice



Name: Samuel Rosado Star #: 22 Date: April 13, 2017

TYPE OF VIOLATION							
<input type="checkbox"/>	Attendance	<input type="checkbox"/>	Carelessness	<input type="checkbox"/>	Insubordination	<input type="checkbox"/>	Late Arrival/Early Quit
<input type="checkbox"/>	Failure to Follow Instructions	<input type="checkbox"/>	Rudeness Towards Citizens	<input type="checkbox"/>	Willful Damage to Equipment	<input type="checkbox"/>	Personal Business While on Duty
<input type="checkbox"/>	Unsatisfactory Work Performance	<input type="checkbox"/>	Violations of Policy/Procedure	X	Motor Vehicle Crash	<input type="checkbox"/>	Missing a Court Date

Date of Violation: March 31, 2017 Time of Violation: 2235

DESCRIPTION OF VIOLATION:

On 3/31/2017 Officer Samuel Rosado was involved in a motor vehicle crash. The review of the crash by the accident review board classified the accident as 2a (The employee failed to exercise reasonable and due care.)

OFFICER'S STATEMENT:

 I agree with the above description I disagree with the above description

My reason is: _____

S. Rosado 22 4/18/17
Officer's Signature Star # Date

ACTION TAKEN	DATE	SUPERVISOR NAME & STAR
<input type="checkbox"/>	Verbal Warning	
<input checked="" type="checkbox"/>	Written Warning	04/13/17 NICHOLAS RICE N. Rice #102
<input type="checkbox"/>	Disciplinary Write-up	

CONSEQUENCES IF VIOLATION OCCURS AGAIN;

For a second classification II finding by the board in the 24 month period a 2 day suspension without pay shall be imposed.

I have read and understand this warning; S. Rosado #22 4/18/17
Officer's Signature / Star# Date

Supervisor Issuing Warning: _____
Supervisor's Signature / Star # Date



P0113



U130289337

DRAC U1		PEDV U2		TRFD 1		TRFC 1		WEAT 2		DRVA 16		VIS U1		VEHD U2		LIGHT 4		COLL 6		MANV U1		PPA 99		PPL 9											
INVESTIGATING AGENCY NORRIDGE P.D.												DAMAGE TO ANY ONE PERSON'S VEHICLE / PROPERTY <input checked="" type="checkbox"/> \$500 OR LESS <input type="checkbox"/> \$501 - \$1,500 <input type="checkbox"/> OVER \$1,500				TYPE OF REPORT <input checked="" type="checkbox"/> ON SCENE <input type="checkbox"/> NOT ON SCENE (DESK REPORT) <input type="checkbox"/> AMENDED				<input checked="" type="checkbox"/> A No Injury / Drive Away <input type="checkbox"/> B Injury and / or Tow Due To Crash				AGENCY CRASH REPORT NO. YR 2017 00003570				TRFW 7							
ADDRESS NO. 4411				HIGHWAY or STREET NAME CUMBERLAND																		<input checked="" type="checkbox"/> City NORRIDGE		Township <input type="checkbox"/>		INTERSECTION RELATED <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DATE OF CRASH mo 3 / day 31 / yr 17		TIME 5:18 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		LARS CODE		VEHT U1 1	
(CIRCLE) <input type="checkbox"/> FT / MI N E S W <input type="checkbox"/> AT INTERSECTION WITH				(CIRCLE) PARKING LOT (NAME OF INTERSECTION OR ROAD FEATURE)																		COUNTY COOK		PRIVATE PROPERTY <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		HIT & RUN <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		DOORING WITH PEDALCYCLIST? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		NUMBER MOTOR VEHICLES INVLD 1		LARS CODE		U2 99	
NAME <input checked="" type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI) ROSADO, SAMUEL												DATE OF BIRTH mo 10 / day 2 / yr 4		MAKE FORD		MODEL TAURUS		YEAR 2014		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT 8						Y <input type="checkbox"/> N <input checked="" type="checkbox"/> TOWED DUE TO CRASH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N FIRE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input checked="" type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input checked="" type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input checked="" type="checkbox"/> N * IF YES SEE SIDEBAR		NO. LANES 1		ALGN 1		RSUR 2			
STREET ADDRESS 2020 N OLCOTT				SEX M SAFT 2 AIR 4		PLATE NO. PHH111		STATE IL		YEAR 2017		VIN 1FAHP2MK6EG185973				VEHICLE OWNER (LAST, FIRST M.I.) VILLAGE OF NORRIDGE		INSURANCE CO. LOYDS LONDON		U1 6		VEHU 6													
CITY NORRIDGE				STATE IL		ZIP 60706		INJURY 0 EJECT 1		STATE IL		CLASS D		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE IL 60706				TELEPHONE 708-453-0800		POLICY NO. BGA3005403		U2 99													
TELEPHONE 708-453-4770				DRIVER LICENSE NO. [REDACTED]		STATE IL		CLASS D		VEHICLE OWNER (LAST, FIRST M.I.) VILLAGE OF NORRIDGE				INSURANCE CO. LOYDS LONDON		U2 99		RDEF 1		BAC 96		U1 1													
TAKEN TO NONE				EMS AGENCY NONE		OWNER ADDRESS (STREET, CITY, STATE, ZIP) 4000 N OLCOTT NORRIDGE IL 60706				TELEPHONE 708-453-0800		POLICY NO. BGA3005403		U2 99		RDEF 1		BAC 96		U1 1															
NAME <input type="checkbox"/> DRIVER <input type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> PED <input type="checkbox"/> PEDAL <input type="checkbox"/> EQUUS <input checked="" type="checkbox"/> NMV <input type="checkbox"/> NOV (LAST, FIRST, MI)												DATE OF BIRTH mo 1 / day 1 / yr		MAKE		MODEL		YEAR		CIRCLE NUMBER(S) FOR DAMAGED AREA(S) 00 - NONE 10 - UNDER CARRIAGE 11 - TOTAL (ALL AREAS) 12 - OTHER 99 - UNKNOWN POINT OF FIRST CONTACT						Y <input type="checkbox"/> N <input type="checkbox"/> TOWED DUE TO CRASH <input type="checkbox"/> Y <input type="checkbox"/> N FIRE <input type="checkbox"/> Y <input type="checkbox"/> N CELLPHONE <input type="checkbox"/> Y <input type="checkbox"/> N EXCEED SPEED LIMIT <input type="checkbox"/> Y <input type="checkbox"/> N COM VEH <input type="checkbox"/> Y <input type="checkbox"/> N * IF YES SEE SIDEBAR		U2 99		RDEF 1		BAC 96		U1 1	
STREET ADDRESS				SEX		SAFT		AIR		PLATE NO.		STATE		YEAR		VIN				VEHICLE OWNER (LAST, FIRST M.I.)		INSURANCE CO.		U2 99		RDEF 1		BAC 96		U1 1					
CITY				STATE		ZIP		INJURY		EJECT		STATE		CLASS		VEHICLE OWNER (LAST, FIRST M.I.)				INSURANCE CO.		U2 99		RDEF 1		BAC 96		U1 1							
TELEPHONE				DRIVER LICENSE NO.		STATE		CLASS		VEHICLE OWNER (LAST, FIRST M.I.)				INSURANCE CO.		U2 99		RDEF 1		BAC 96		U1 1		RDEF 1		BAC 96		U1 1							
TAKEN TO				EMS AGENCY		OWNER ADDRESS (STREET, CITY, STATE, ZIP)				TELEPHONE		POLICY NO.		U2 99		RDEF 1		BAC 96		U1 1		RDEF 1		BAC 96		U1 1									
PASSENGERS & WITNESSES ONLY												(NAME) / (ADDR) / (TEL)				(HOSP)				(EMS)				U2 99		RDEF 1		BAC 96		U1 1					
(UNIT) (SEAT) (DOB) (SEX) (SAFT) (AIR) (INJ) (EJECT)												(NAME) / (ADDR) / (TEL)				(HOSP)				(EMS)				U2 99		RDEF 1		BAC 96		U1 1					
1 1 1 1 1 1 1 1												1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1				U2 99		RDEF 1		BAC 96		U1 1					
2 2 2 2 2 2 2 2												2 2 2 2 2 2 2 2				2 2 2 2 2 2 2 2				2 2 2 2 2 2 2 2				U2 99		RDEF 1		BAC 96		U1 1					
3 3 3 3 3 3 3 3												3 3 3 3 3 3 3 3				3 3 3 3 3 3 3 3				3 3 3 3 3 3 3 3				U2 99		RDEF 1		BAC 96		U1 1					
4 4 4 4 4 4 4 4												4 4 4 4 4 4 4 4				4 4 4 4 4 4 4 4				4 4 4 4 4 4 4 4				U2 99		RDEF 1		BAC 96		U1 1					
5 5 5 5 5 5 5 5												5 5 5 5 5 5 5 5				5 5 5 5 5 5 5 5				5 5 5 5 5 5 5 5				U2 99		RDEF 1		BAC 96		U1 1					
6 6 6 6 6 6 6 6												6 6 6 6 6 6 6 6				6 6 6 6 6 6 6 6				6 6 6 6 6 6 6 6				U2 99		RDEF 1		BAC 96		U1 1					
7 7 7 7 7 7 7 7												7 7 7 7 7 7 7 7				7 7 7 7 7 7 7 7				7 7 7 7 7 7 7 7				U2 99		RDEF 1		BAC 96		U1 1					
8 8 8 8 8 8 8 8												8 8 8 8 8 8 8 8				8 8 8 8 8 8 8 8				8 8 8 8 8 8 8 8				U2 99		RDEF 1		BAC 96		U1 1					
9 9 9 9 9 9 9 9												9 9 9 9 9 9 9 9				9 9 9 9 9 9 9 9				9 9 9 9 9 9 9 9				U2 99		RDEF 1		BAC 96		U1 1					
10 10 10 10 10 10 10 10												10 10 10 10 10 10 10 10				10 10 10 10 10 10 10 10				10 10 10 10 10 10 10 10				U2 99		RDEF 1		BAC 96		U1 1					
11 11 11 11 11 11 11 11												11 11 11 11 11 11 11 11				11 11 11 11 11 11 11 11				11 11 11 11 11 11 11 11				U2 99		RDEF 1		BAC 96		U1 1					
12 12 12 12 12 12 12 12												12 12 12 12 12 12 12 12				12 12 12 12 12 12 12 12				12 12 12 12 12 12 12 12				U2 99		RDEF 1		BAC 96		U1 1					
13 13 13 13 13 13 13 13												13 13 13 13 13 13 13 13				13 13 13 13 13 13 13 13				13 13 13 13 13 13 13 13				U2 99		RDEF 1		BAC 96		U1 1					
14 14 14 14 14 14 14 14												14 14 14 14 14 14 14 14				14 14 14 14 14 14 14 14				14 14 14 14 14 14 14 14				U2 99		RDEF 1		BAC 96		U1 1					
15 15 15 15 15 15 15 15												15 15 15 15 15 15 15 15				15 15 15 15 15 15 15 15				15 15 15 15 15 15 15 15				U2 99		RDEF 1		BAC 96		U1 1					
16 16 16 16 16 16 16 16												16 16 16 16 16 16 16 16				16 16 16 16 16 16 16 16				16 16 16 16 16 16 16 16				U2 99		RDEF 1		BAC 96		U1 1					
17 17 17 17 17 17 17 17												17 17 17 17 17 17 17 17				17 17 17 17 17 17 17 17				17 17 17 17 17 17 17 17				U2 99		RDEF 1		BAC 96		U1 1					
18 18 18 18 18 18 18 18												18 18 18 18 18 18 18 18				18 18 18 18 18 18 18 18				18 18 18 18 18 18 18 18				U2 99		RDEF 1		BAC 96		U1 1					
19 19 19 19 19 19 19 19												19 19 19 19 19 19 19 19				19 19 19 19 19 19 19 19				19 19 19 19 19 19 19 19				U2 99		RDEF 1		BAC 96		U1 1					
20 20 20 20 20 20 20 20												20 20 20 20 20 20 20 20				20 20 20 20 20 20 20 20				20 20 20 20 20 20 20 20				U2 99		RDEF 1		BAC 96		U1 1					
21 21 21 21 21 21 21 21												21 21 21 21 21 21 21 21				21 21 21 21 21 21 21 21				21 21 21 21 21 21 21 21				U2 99		RDEF 1		BAC 96		U1 1					
22 22 22 22 22 22 22 22												22 22 22 22 22 22 22 22				22 22 22 22 22 22 22 22				22 22 22 22 22 22 22 22				U2 99		RDEF 1		BAC 96		U1 1					
23 23 23 23 23 23 23 23												23 23 23 23 23 23 23 23				23 23 23 23 23 23 23 23				23 23 23 23 23 23 23 23				U2 99		RDEF 1		BAC 96		U1 1					
24 24 24 24 24 24 24 24												24 24 24 24 24 24 24 24				24 24 24 24 24 24 24 24				24 24 24 24 24 24 24 24				U2 99		RDEF 1		BAC 96		U1 1					
25 25 25 25 25 25 25 25												25 25 25 25 25 25 25 25				25 25 25 25 25 25 25 25				25 25 25 25 25 25 25 25				U2 99		RDEF 1		BAC 96		U1 1					
26 26 26 26 26 26 26 26												26 26 26 26 26 26 26 26				26 26 26 26 26 26 26 26				26 26 26 26 26 26 26 26				U2 99		RDEF 1		BAC 96		U1 1					
27 27 27 27 27 27 27 27												27 27 27 27 27 27 27 27				27 27 27 27 27 27 27 27				27 27 27 27 27 27 27 27				U2 99		RDEF 1		BAC 96		U1 1					
28 28 28 28 28 28 28 28												28 28 28 28 28 28 28 28				28 28 28 28 28 28 28 28				28 28 28 28 28 28 28 28				U2 99		RDEF 1		BAC 96		U1 1					
29 29 29 29 29 29 29 29												29 29 29 29 29 29 29 29				29 29 29 29 29 29 29 29				29 29 29 29 29 29 29 29				U2 99		RDEF 1		BAC 96		U1 1					
30 30 30 30 30 30 30 30												30 30 30 30 30 30 30 30				30 30 30 30 30 30 30 30				30 30 30 30 30 30 30 30				U2 99		RDEF 1		BAC 96		U1 1					
31 31 31 31 31 31 31 31												31 31 31 31 31 31 31 31				31 31 31 31 31 31 31 31				31 31 31 31 31 31 31 31				U2 99		RDEF 1		BAC 96		U1 1					
32 32 32 32 32 32 32 32												32 32 32 32 32 32 32 32				32 32 32 32 32 32 32 32				32 32 32 32 32 32 32 32				U2 99		RDEF 1		BAC 96		U1 1					
33 33 33 33 33 33 33 33												33 33 33 33 33 33 33 33				33 33 33 33 33 33 33 33				33 33 33 33 33 33 33 33				U2 99		RDEF 1		BAC 96		U1 1					
34 34 34 34 34 34 34 34												34 34 34 34 34 34 34 34				34 34 34 34 34 34 34 34				34 34 34 34 34 34 34 34				U2 99		RDEF 1		BAC 96		U1 1					
35 35 35 35 35 35 35 35												35 35 35 35 35 35 35 35				35 35 35 35 35 35 35 35				35 35 35 35 35 35 35 35				U2 99		RDEF 1		BAC 96		U1 1					
36 36 36 36 36 36 36 36												36 36 36 36 36 36 36 36				36 36 36 36 36 36 36 36				36 36 36 36 36 36 36 36				U2 99		RDEF 1		BAC 96		U1 1					
37 37 37 37 37 37 37 37												37 37 37 37 37 37 37 37				37 37 37 37 37 37 37 37				37 37 37 37 37 37 37 37				U2 99		RDEF 1		BAC 96		U1 1					
38 38 38 38 38 38 38 38												38 38 38 38 38 38 38 38				38 38 38 38 38 38 38 38				38 38 38 38 38 38 38 38				U2 99		RDEF 1		BAC 96		U1 1					
39 39 39 39 39 39 39 39												39 39 39 39 39 39 39 39				39 39 39 39 39 39 39 39				39 39 39 39 39 39 39 39				U2 99		RDEF 1		BAC 96		U1 1					
40 40 40 40 40 40 40 40												40 40 40 40 40 40 40 40				40 40 40 40 40 40 40 40				40 40 40 40 40 40 40 40				U2 99		RDEF 1		BAC 96		U1 1					
41 41 41 41 41 41 41 41												41 41 41 41 41 41 41 41				41 41 41 41 41 41 41 41				41 41 41 41 41 41 41 41				U2 99											

U130289337

A **Diagram** and **Narrative** are required on all **Type B** crashes, even if units have been moved prior to the officer's arrival.



INDICATE NORTH BY ARROW

ALLEY WAY

PARKING LOT

BUTERA
4411 CUMBERLAND

* NOT TO SCALE

MONTROSE

NARRATIVE (Refer to vehicle by Unit No.)

THE FOLLOWING WAS LEARNED FROM THE DRIVER OF UNIT #1: UNIT #1 WAS TRAVELING W/B THROUGH THE ALLEY WAY OF BUTERA, 4411 CUMBERLAND. DRIVER OF UNIT #1 (POLICE OFFICER) WAS IN THE PROCESS OF CHANGING HIS RADIO BATTERY WHEN IT SLIPPED OUT OF HIS HAND. WHILE DRIVER OF UNIT #1 ATTEMPTED TO GRAB THE BATTERY UNIT #1 VEERED TO THE LEFT CAUSING THE DRIVER'S SIDE WHEEL WELL AREA TO STRIKE THE NORTH WALL OF BUTERA CAUSING DAMAGE.

NO FMS. NO TOW.

LOCAL USE ONLY

U1 Color BLACK

U2 Color —

U1 Towed by / to

NONE

U2 Towed by / to

COMMERCIAL MOTOR VEHICLE (CMV)

IF MORE THAN ONE CMV IS INVOLVED, USE SR 1050A
ADDITIONAL UNITS FORMS.

A CMV is defined as any motor vehicle used to transport passengers or property and:

1. Has a weight rating of more than 10,000 pounds (example: truck or truck/trailer combination); or
2. Is used or designed to transport more than 15 passengers, including the driver (example: shuttle or charter bus); or
3. Is designed to carry 15 or fewer passengers and operated by a contract carrier transporting employees in the course of their employment (example: employee transporter - usually a van-type vehicle or passenger car); or
4. Is used or designated to transport between 9 and 15 passengers, including the driver, for direct compensation (example: large van used for specific purpose); or
5. Is any vehicle used to transport any hazardous material (HAZMAT) that requires placarding (example: placards will be displayed on the vehicle).

CARRIER NAME

ADDRESS

CITY/STATE/ZIP

USDOT NO.

ILCC NO.

Source of above info. ☐ Side of Truck ☐ Papers ☐ Driver ☐ Log Book

Gross Vehicle Weight Rating (GVWR)

Were HAZMAT placards displayed on the vehicle? ☐ Y ☐ N

If yes, name on placard

4-digit UN no. 1-digit Hazard Class no.

Did HAZMAT spill from the vehicle (do not consider fuel from the vehicle's own tank)? ☐ Y ☐ N ☐ UNKDid HAZMAT Regulations violation contribute to the crash? ☐ Y ☐ N ☐ UNKDid Motor Carrier Safety Regulations (MCS) violation contribute to the crash? ☐ Y ☐ N ☐ UNK

Was a Driver/Vehicle Examination Report form completed?

HAZMAT ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ NMCS ☐ Y ☐ N ☐ UNK Out of Service? ☐ Y ☐ N

Form No.

IDOT PERMIT NO. WIDE LOAD? ☐ Y ☐ N

TRAILER WIDTH(S): 0-96" 97-102" >102"

TRAILER 1 ☐☐☐TRAILER 2 ☐☐☐

TRAILER LENGTH(S): 1 ft

TRAILER 2 ft

TOTAL VEHICLE LENGTH ft

NO. OF AXLES

SELECT CODES FROM BACK COVER OF CRASH BOOKLET:

VEHICLE CONFIGURATION

CARGO BODY TYPE LOAD TYPE